



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9623

|   |   |                                  |   |   |
|---|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/818,940  | <b>FILING OR 371(c) DATE</b><br>03/28/2001<br><b>RULE</b> 20  | <b>CLASS</b><br>713 20           | <b>GROUP ART UNIT</b><br>2137 20  | <b>ATTORNEY DOCKET NO.</b><br>T2315-907180 20                     |
| <b>APPLICANTS</b><br>Leana Golubchik, North Bethesda, MD;<br>William C. Cheng, North Bethesda, MD; <del>WA</del> MD<br>Samir Khuller, Silver Spring, MD;<br>Samrat Bhattacharjee, Burtonsville, MD; 20<br>Cheng-Fu Chou, Silver Spring, MD;   |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b> 20<br>This appln claims benefit of 60/192,525 03/28/2000  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>None 20   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/25/2001 <b>** SMALL ENTITY **</b>  |   |                                  |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MD 20 | <b>SHEETS DRAWING</b><br>5 20   | <b>TOTAL CLAIMS</b> 20<br>26 20<br><b>INDEPENDENT CLAIMS</b> 3 20 |
| <b>ADDRESS</b><br>32294 20  |   |                                  |   |   |
| <b>TITLE</b><br>Scalable wide-area upload system and method 20  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>568   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |